MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH OFFIREMENT OF PUBLIC HEALTH AND WELFARED 1002 404 404 404 62 62 62 63 63 63 63 63 63 63						
DO NOT WRITE AMENDED			UBL:	Registration District NoPrimary Registration District NoRegistrar's No		
VS 300	ON THIS STUB		- -	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of the control of the co	ence , before Imission)	
Rev. 4/59	AMENDED		-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in b c. CITY	side Limits	
.	WE		1	TOWN St.Louis Life TOWN St.Louis	₩ No 🗆	
1	ا اغلم			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Resi HOSPITAL OR ADDRESS	ide on Farm	
2 20.	5 37	_	-	INSTITUTION 5776 Pershing Ave Yes X No D 5776 Pershing Ave Yes	□ No □X	
3		П		3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year	
4 /			1-	Ernestine Mueller DEATH October 22,1962 5. SEX OCCUP OF PACE 7. Married D. Never Married D. R. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF	UNDER 24 HR	
5 %			ı	5. SEX 6. COLOR OR RACE 7. Married Divorced Divorced 4/25/1878 84 Funder 1 Sex Days Ho		
			7	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHA	T COUNTRY	
	<u> </u>	1 1	1_	House wife Own Home St. Louis, Missouri U.S.A.		
7 0	FOILOW		'	13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE		
8 7 - i	_ 1			Anton Wind Fredericka Richter Carl Mueller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. 17. INFORMANT Address		
_	SE		((Yes, no, No No No None (If yes, give war or dates of service Mr Herbert C.Mueller 5776 Pershing Av	7е -	
10	ARE	Į	:		AL'BETWEEN AND DEATH	
	용			IMMEDIATE CAUSE (8)	ear	
1290-0	NSTEAD OF	DOC IMAEN	Š	Conditions, if any, DUE TO (b) General arthur Silvons 40	yeur	
	SE SE	44	ı	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) Leature Melliterae 69	Cous	
			ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was there a pregnancy in	female was	
90	≦		Ī	260 × Yes to No	Unknown	
	AMENDWEN		CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of its PERFORMED PROPERTY OF THE PART II OF	em 18.)	
y Z	AMER		MEDICAL			
BLACK INK OR RITER RIBBON			₹	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION WHILE AT WORK 4 control of the control of	STATE	
A R H	\ S I			1952 01.22 145V her 0.617 (6.6	3	
BL VRIT	D REA			21. I attended the deceased from Death opeyred at 7/157. Wr Oct 72, 1967an the date stated above, and to the best of my knowledge, from the causes	stated.	
USE BLACH OR TYPEWRITER	SHOULD	<u> </u>		228. SIGNATURE (Degree or title) 226. ADDRESS Bldg. Warm. W. 22c.	DATE SIGNED	
-		AFFIDAVIT	7	23a. BURIAL, CREMATION, 28b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	State)	
	Ŏ.			Burial 10/26/62 Concordia Cemetery St. Louis, Missouri		
	ITEM	> 2		Alexander & Sons 6175 Delmar Blvd 25. Date recd. By local reg. 766. Redsfrank signifies OCT 24 1962 OCT 24 1962	•	
	1	i"	· I _	TANABILION OF DOING ONLY DEAT DEAT OF A STANK OF		

Dr. Carl Althaus
Lister Bldg - (Taulor & Okius)
Fo 7-1953

1:15 to 3:15 P.M. Wednesday

Enter 17 to the second of the

If this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	(600. 1). 16
Student	SignedSigned
Signature of Student Embalmer	4 - Al
	Licensed Embalmer No
	P. O. Address
	F. O. Address 122-62
Note: The above MUST BE SIGNED BY TH	HE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of	
If ambalmed by a STUDENT he also shall sid	on in his OWN handwriting.

rote of the Committee of the section of